



WASHOE COUNTY SCHOOL DISTRICT  
 GIFTED AND TALENTED EDUCATION PROGRAMS  
 P.O. Box 30425, RENO, NV 89502  
 775.789-3420 FAX 775.333.5097

**Gifted and Talented Education Programs Eligibility Appeal Form**

Student: \_\_\_\_\_ Student Number: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Language(s) spoken in the home: \_\_\_\_\_

Parent/Guardian Name(s): (1) \_\_\_\_\_ (2) \_\_\_\_\_

Mailing Address(es): (1) \_\_\_\_\_

(2) \_\_\_\_\_

Parent/Guardian phone(s): (1) \_\_\_\_\_ (2) \_\_\_\_\_

Parent/Guardian email(s): (1) \_\_\_\_\_ (2) \_\_\_\_\_

*The information provided in the appeal of my child's GATE eligibility status is true and accurate.*

Parent/Guardian Signature(s):

(1) \_\_\_\_\_ Date \_\_\_\_\_

(2) \_\_\_\_\_ Date \_\_\_\_\_

**Reason for Appeal:**

\_\_\_\_\_ Issues with testing environment/experience \_\_\_\_\_ New assessment data (attach documentation)

**Appeal Narrative:**

In the space below, or on a separate sheet of paper if additional space is needed, please relate the explanation and any background information relevant to your appeal.

*As this appeal will go through a blind review process, please exclude any personally identifiable information about the student (name, school, etc.) in the narrative portion.*

---

---

---

---

---

---

---

---

---

---

**Department use only**

Administrative Review Team Decision:

---

---

---